

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		4/2
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S-H	1085	5/7/01
RESPONSE FORMALITY REVIEW	MD	JE917	08/01/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10-1-01  
8-2-01

10-8-01  
05-8-01